



Fidelity & Crime Division

**CRIME INSURANCE
RENEWAL APPLICATION**

1. Name and Address of Insured _____

2. Since Last renewal, Have you changed

	<u>Yes</u>	<u>No</u>
A. Legal Entity Status:	___	___
B. External and Internal Controls:	___	___
C. Exposures of Money and Securities or property By more than 10%:	___	___
D. Predominant business activity:	___	___

(Note: Please enclose documentation supporting all affirmative answers)

3. Financial Status (per latest FYE)

	<u>Total</u>	<u>% Change from prior year</u>
Annual Gross Assets:	_____	_____
Annual Gross Sales:	_____	_____
Net Profit:	_____	_____
Net Worth:	_____	_____

• Please submit the following information in support of this application: Latest Annual Fiscal Year End Audited Financials, CPA Letter to Management and Management Response.

4. Total Number of Locations: U.S./Canada: _____ Non Retail _____ Retail _____
 Foreign: _____ Non Retail _____ Retail _____

5. Total Number of Employees:

Class 1 Employees (*)	U.S./Canada _____	Foreign _____	% Change _____
All Others	U.S./Canada _____	Foreign _____	%Change _____
Grand Total	U.S./Canada _____	Foreign _____	%Change _____

(*) Class one employees are all officers as well as other employees who handle, have custody or maintain records of money, Securities or other property.

6. Desired Coverage Changes (Limits/Deductibles) Explain: _____
 Check if Same as Expiring _____
 • Please attach separate page if needed.

7. List all losses sustained during the past annual policy period, whether reimbursed or not. Check if No Losses _____
 If a loss has occurred, please provide the following information as part of your renewal submission:

Date of loss:	Description of loss:	Amount:	Recovery:	Corrective Measures:
_____	_____	_____	_____	_____

• Please attach separate page if needed.

8. List all changes or revisions to audit or internal control procedures during the previous policy period. Check if No Changes _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Applicant _____ Title _____ Date _____